

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							61
2							62
3							63
4							64
5							65
6							66
7							67
8							68
9							69
10							70
11							71
12							72
13							73
14							74
15							75
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26							86
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28							88
29							89
30							90
31							91
32							92
33							93
34							94
35							95
36							96
37							97
38							98
39							99
40							100
TOTAL IND.	9						TOTAL IND.
TOTAL DEP.	70						TOTAL DEP.
TOTAL CLAIMS	79						TOTAL CLAIMS

CLAIMS ONLY

SERIAL NO.

09/998 009

FILING DATE

11/28/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
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46	/						
47	/						
48	/						
49	/						
50	/						
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53	/					
54		/				
55		/				
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97						
98						
99						
100						
TOTAL IND.		9			↓	
TOTAL DEP.		70			←	
TOTAL CLAIMS		79			←	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS